	•	the Last	T. AUF Filgat				~ REPOR	T OF ME	DIC	AL H	ISTC	RY	~	`		!	-	1
		(ta	CUEAR	A-34	THE NICOLE NAME		NON IS FOR SPICE			GT 8E 8E	LEASED	TO STATE	CRIZED PE		8	1. 600	TIFICATION NO	
0 17				S5 / No.	ster, ered er P.i D.	-	TR, HM &M SEE	MIE	Joseph Com	S. PLRI	OSE OF	EXAMPLE.	nos			& CATI	COF EXCHANAT	KONI .
]. _/	11	•	NY)		TARY	CEVILLAR .	10. DEPARTMENT,					11. CRGANI	ZATK		·	→	1
9,10	<u> </u>	وس	0-1	915	A EXAMER AND A	241	_ !	6A 5- W.	111	. 🔪	7- 1	UJF.		9 <i>1</i> 3	n!= 1	15 1	18001-	
	17.				NEE'S PRESENT HEAL				post t			d egradaj		<i>'</i>				***************************************
:	14.	FAME	LY HIS:	CRY						 1	19. MAS ANY BLOOD RELATION			×4 (1	M (Perent, brother, suter, other)			:
ŧ	_	KCTA.	ION	AGE	STATE OF HEA	.T4	· IF DEAD, CO	LSE OF DEATH	, :	17.	MS	10	(Check	640	h item) į	PELATION(S	, ,
.	FA	MA	1	-			PNELL	ENIA	ţ	<i>25</i>	-		HAD TUBER	aro	515	:	51574	~ R
1	940	THE		-			1		i	70		-1	NAO SYPHI	LIS.			<u> </u>	<u> </u>
١.	500	XVSE	1	461	TICEMA	2	1		i		4	1	NAD DIABET	ES		1	HOTHE	-17
• •				53					1				NAD CANCE	R		1		
ه	88	OTHE.	es i	12	_		TUREZ	1060518	į	4-2		L	HAD KIDNE	Y TR	X.BLE			
		AND		51	",		TO ALL	<u> </u>				_	MAD HEART	TRO	BLE	i		
	s	SID	8	701	11		1		- :		,	-	MAD STONA	CH T	ROLBLE		,	
				عبد			SomBAT	1 /1 / 07	- : -	35		2	MAD RHELP	ATIS	M (Arth	ritu /		-:-
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	_			14			 		 -				COMMITTEE					
:	-			12			 		<u> </u>				BEEN INSAN					
٠.	_			P			<u> </u>						SELEN UNSAN					
3	_	~			A HAVE YOU NOW /									Lore		100		
	YES	RO.				Fig. (Clasck each stem)		ch item)	AE2 M					75			Check each item)	
•		11	SCARU	CT FEVER	ERYSIPELAS		GOITER		<u></u>	✓ T.40	R. GPC#	TH. CYST.	CANCER	_			LOCKED KAEE	<u> </u>
		ഥ	CIPHT	HERIA		, -			1	· RPN	PE			L		OT TROUB	T.	
		7	PHELM	ATIC FE	ER .	! 1	(Name sherits			- APPEN	CHICTES			\sqcup	ME	Jens.		;
•		1 4	SWOLL	EN OR PA	INFLE ICENTS	1 6	ASTHWA			- PELES	OR FECT	AL DISEAS	X.		72	PALYSIS (ine, enfeatele)	
	-		PUMP	•		1 -	SHORTNESS OF ER	EATH	1	- FIECL	ENT OR	PASOTIA.	NOTAKE	$\left[\cdot \right]$	40	LEPSY OR	FITS	ī
		1	MHOCH W	ANC CON	GH.	-	PAIN OR PRESSURE	IN CHEST		/ KICKE	Y STORE	OR 81,000	A URINE		70	A TRADE	SEA. OR AIR SK	KNESS,
	٧		FRED	ENT OR S	evene headache	-	CHRONIC COUGH		;	- 5.548	OR ALE	CHOR DE 1	RPE.		V 50	EQUENT TI	POLBLE SLEEPI	NG :
		4	DUZZIN	ESS OR F	ANTEG SPELLS	1 6	PALPITATICA OR	OUNCING HEART	2.4	3515			_		V FR	EQUENT 02 1	EDWSTING MEN	TWARES
:		4	EYE TP	OLBLE.		1	HIGH OR CON BL	DOO PRESSURE	 ;	Y YELE	EAL CASI	ASE .		. 7	IN DE	PRESSION	OR EXCESSIVE	WORRY
•	-	!			HRCAT TROUBLE	1-	CRAMPS IN YOUR			FECON	T GA34 0	R LOSS O	FWEIGHT		7 0	SS OF WE	ORY OR AVNE	SIA ,
	_	1.		S EARS		1 -	FREQUENT DOIGE			# ##				┪		D WETTER		- ; -
•	_	J			EQLENT COLDS	1 -	STONACH, LIVER OR	NIESTINAL TOP OF					EFORMITY	\vdash	V 195	RVOUS TR	CABLE OF ANY	SORT
-	_	1			OR SUM TROUBLE	 				 -		. v.rui		\vdash			R MARCOTIC HA	
		 				1	SALL BLADDER TROUB	ME ON BALL STORES		LA LAKEN			n 00 500	 				
		1	SINUST				ANY REACTION TO SE	SUM, DRUG CO					R OR TOE				RENKING HABIT	
	_					1-	MEDICINE						ER OR ELIFOR	•			L TEADONCIES	
	21.				eck sech stem)	r			22 5	(MILES O			EVER-	8. (E THE FOR		
		ľ	BORN	GLASSES	i		ATTEMPTED SUCE	OE.		- DEEN I	RESAM	r		_			T OF MENSTRU	
		9	WORN	AN ARTS	FICIAL EYE		BEEN A SLEEP BA		Li	MA CAM	VACOLA	, DISCHA	CE	L	200	TERVAL BE	TWEEN PEPIDO	8 1
	_	[4	MORN	HEARDIG	AICS		TURE WILLIAMS	WHO HAD		00EN 11	KATES PI	A PERL	REGROSIC S	L	DI.	MATION OF	FERIODS	
-	_	14	STUTT	EPED OR	STANWERED	10	COLGHED LT BLOC	20		- MAD P	ADDUL I	ENSTRU	TION	Γ	D4	TE OF LAS	F PERIOD	1.
		6	BORN	A BPACE	OR BACK SUPPORT	1	OLED EXCESSIVEL &	FTER HOURY OR	1	MAD II	MIGULA	A POST	ATION	QU	UITITY	D	DENGERAN [SCHOT.
	X	POW	MANY X	WS HAVE	SHT IN CAN LOT	34 W4	AT IS THE LONGEST	PERIOD YOU	25.	MAT & Y				_	M. AR	E YOU (C/	heck one)	
		PLST	THREE 1	LAKS	,		LD ANY OF THESE AS NTHS / A/	:05'	3	2.4.	i. 9 5	A14.	جرمه		Œ	-	- Dum -	-ces !
					·								<u> </u>					

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ES	* 2.	CHECK EACH STEM YES OR NO. E	VERY ITEM CHECKED YES WUST BE FALLY EXPLANED IN BLANK SPACE ON RIGHT	 ;
-	-	27. HAVE YOU BEEN LINABLE TO HOLD A DOB BECAUSE OF.		
- 1		A SDISTINITY TO CHEVICALS DUST SURLIGHT ETC.		4
-	•	B. INABILITY TO PERFORM CERTAIN MOTIONS	r e	•
	_	E. INABILITY TO ASS. VE CERTAIN POSITIONS		
_	-	D OTHER MEDICAL REASONS (If yes, give reasons)	·	
	٧	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?		- 2
\top	~	29, DID YOU HAVE DIFFICIALTY WITH SCHOOL STUDIES OR TEACHERS! (If you, give details)		
	•	32. HAVE YOU EVER BEEN REF:ED EMPLOYMENT BETALSE OF YOUR HEALTH! (If you, state reason and give details)		·
	٠,٧	31. HAVE YOU EVER BEEN DENIED LIFE DISTRACE? (If you, state reason and give details)	. \	
	~	32. MAYE YOU HAD OR MAYE YOU BEEN ADVISED TO MAYE. ANY OPERATIONS! (If yes, describe and give age at which occurred)		•
	7	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A WENTAL HOSPITAL OF SANSTONIUM (If yee, specify when, where, w-y, and mame of doctor, and complete adcress of futprice).	.:.	i.
7	-	34. HAVE YOU EVER HAD ANY ELINESS OR BUILD'S CTHER THAN THOSE ALPEACY NOTED: (If yes, specify when, where, and give details)		ار اور د
7		35. HAVE YOU CONSILTED OR BEDE TPEATE OF CLINICS. PHYSICIAS REALERS, ON OTHER PRACTIONERS WITHIN THE PAST 5 YEARS? (If yes, give com- plete address of doctor, hospital, clinic, and details)	REFORMA SIO - 102 08	
T	V	36. HAVE YOU TREATED YOURSELF FOR ILLAESSES OTHER THAN MINOR COLES? (If you, which illnessee)		. ,
		17. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS' (If yes, give date and reason for rejection)		3 2
	7	38. MAVE YOU EVER BEEK DISCHARGED FROM WILLTARY SERVICE BECAUSE OF PHYSICAL MEYTAL OR OTHER REASONS! (If yes, give date, reason, and type of discharge: whether homorable, other than homorable, for unfitness or unsutability)		· Paper · · ·
	٧	39 HAVE YOU EVER RECUISED, IS THERE PENCING, HAVE YOU APPLIED FOR OR DO YOU INTEN TO APPLY FOR PENSION OF COMPANY OF HER STATE CLASSIFIED TO! (If yes, specify what kind, granted by whom, and what amount, when, why)	·	•
PROCES	HCRIZE SSING I	ANY OF THE DOCTORS HOSPITALS, OR CLINICE MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	THE BUSINESS THE GOVERNMENT A COMPLETE TO THE BEST OF MY KNOWLEDGE. AND THE GOVERNMENT A COMPLETE TRANSCRAFT OF MY MISSICAL RECORD	FOR PUPPO
ED OR	PRINT	E WICHTEICH O	SSPATINE (D) . It is	

ANTICOLIZE ANY OF THE DOCTORS POSPITALS, CR CLINCE WENTINGED ABOVE TO PLYSUSH THE GOVERNMENT A COMPLETE TRANSCRAFT OF MY WENCH, RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE

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